

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATERSHED CONSERVATION  
STORAGE TANK DIVISION**

**UNDERGROUND STORAGE TANK FACILITY  
OPERATIONS INSPECTION**

**I. FACILITY INFORMATION**Facility Identification Number 39 - 37781Facility Name B BRAUN Medical IncFacility Address 901 MARCON RD  
Allentown, PA 18103

Owner/Operator Representative: (present during inspection)

Name \_\_\_\_\_

Phone \_\_\_\_\_

**II. CERTIFIED INSPECTOR**Name ROBERT R. SEIDELCertified Inspector No. 487Phone No. 610-208-0444Employer ADVANCED PETROLEUM Contractors Inc.**III. DATE OF INSPECTION** (month/day/year)7/25/2000**IV. FINANCIAL RESPONSIBILITY INFORMATION PROVIDED TO OWNER.****V. SUSPECTED/CONFIRMED CONTAMINATION OBSERVED - NOTIFY REGION WITHIN 48 HOURS.****VI. IMPROPERLY CLOSED OR UNREGISTERED TANKS PRESENT** Yes ☐ (If so, provide comment) No ☒**VII. INSPECTION SUMMARY.** Complete this section when inspection is final.

1. Indicate the compliance status of each item below using the following codes:

N = Non-Compliant

C = Compliant

	DEP Use	Tank No. <u>001</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Tank Construction and Corrosion Protection	(A)	C				
Piping Construction and Corrosion Protection	(B)	C				
Spill Prevention	(C)	C				
Overfill Prevention	(D)	C				
Registration Certificate Display	(E)	C				
Tank Release Detection	(F)	C				
Piping Release Detection	(G)	DC				

**2. CERTIFIED INSPECTOR:**

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility. Based on my observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Robert R. Seidel  
Certified Inspector's Signature

Date

7/25/2000

**3. OWNER/OPERATOR REPRESENTATIVE:** I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the information provided by me is true, accurate, and complete to the best of my knowledge and belief. I have / have not (circle one) submitted an amended registration form.

Doreen M. Mellington  
Signature

EH&S Safety Supervisor  
Title

Date

7/25/00

Note: An amended registration is required to update a tank's size, substance or operational status.

Original: Regional Office – Conshohocken, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville

Copy: Owner

Copy: Inspector

Copy: DEP, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8765

# **UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION**

Facility Name B. Braun Medical Date 7/25/00 Facility ID 39 - 37781

**VIII. TANK SYSTEM INFORMATION.** For each tank, write in the Tank Number at the top of the column, the Tank Capacity, Substance Stored, Installation Date, and the most recent inspection date. For the remaining items, fill in the correct Tank System Component Code from the lists at the bottom of the page.

	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	For DEP Use
1. Tank Capacity (name plate gallons)	<u>001</u>					
2. Substance Stored	<u>4,000</u>					
3. Installation Date	<u>Water + Ethylene Glycol</u>					
4. Date of last inspection (if any)	<u>3/30/99</u>					
5. Tank Construction and Corrosion Protection	<u>G</u>					(1)
6. Piping Construction and Corrosion Protection	<u>99 (PVC Piping)</u>					(2)
7. Product Delivery (pump) System	<u>E</u>					(4)
8. Spill Prevention	<u>Y</u>					(6)
9. Overfill Type	<u>Y</u>					
DEP Use Only						(7)
10. Current Registration Certificate Display	<u>NA</u>					(8)
11. Fire Marshal or L & I Permit	<u>B</u>					(9)
12. Stage I Vapor Recovery	<u>U</u>					
13. Stage II Vapor Recover	<u>N</u>					
DEP Use Only						(11)
Complete the following pages before entering codes for items 14 and 15.						
14. Tank Release Detection (2 possible)	<u>E, H</u>					(12)
15. Piping Release Detection (2 possible)	<u>H</u>					(5)

## **TANK SYSTEM COMPONENT CODES**

### **5. TANK CONSTRUCTION and CORROSION PROTECTION**

- A Unprotected Steel (single wall)
- B Cathodically Protected Steel (Galvanic)
- C Cathodically Protected Steel (Impressed Current)
- D Unprotected Steel (double wall)
- E Fiberglass (Single Wall)
- F Fiberglass (Double Wall)
- G Steel w/ Plastic or Fiberglass Jacket
- H Steel w/ FRP Coating (Act 100 or equivalent)
- I Steel w/ lined interior
- J Concrete
- N Unknown
- O Cathodically Protected Double Walled Steel
- P Cathodically protected steel with liner
- 99 Other (provide written comment)

### **6. PIPING CONSTRUCTION and CORROSION PROTECTION**

- A Bare Steel
- B Cathodically Protected, Metallic
- C Copper
- D Fiberglass or rigid non-metallic
- E Flexible Non-metallic
- F Unknown
- G No piping requiring corrosion protection (provide comment)
- I Double wall, metallic primary
- J Double wall, FRP primary
- K Double wall, flexible primary
- L Trench liner
- M Jacketed
- 99 Other (provide written comment)

### **7. PUMP (DELIVERY) SYSTEM**

- A Suction: Check Valve at Pump or siphon
- B Suction: Check Valve at Tank
- C Pressure
- D Gravity flow to dispenser
- E None or piping aboveground

### **8. SPILL PREVENTION**

- Y Yes
- N No
- E Less than 25 gallon

### **9. OVERFILL PREVENTION**

- Y Yes
- N No
- E Less than 25 gallon

### **10. CURRENT REGISTRATION CERTIFICATE DISPLAY**

- Y Properly displayed
- N Not Displayed

### **11. FIRE MARSHAL PERMIT**

- A Issued prior to August 5, 1989
- B Issued on or after August 5, 1989
- C No permit obtained
- D Tanks not regulated by Fire Marshal

### **12. STAGE VAPOR I RECOVERY**

- A Coax
- B 2 Point
- N None

### **13. STAGE II VAPOR RECOVERY**

- A Complete Balance System
- B Complete assist system
- C UG piping only
- N None

### **14. TANK RELEASE DETECTION**

- A Inventory Control; requires code B or C
- B Annual Tank Tightness Testing
- C Tank Tightness Testing every 5 years
- D Statistical Inventory Reconciliation
- E Automatic Tank Gauging (Leak Test)
- F Manual Tank Gauging (36 Hour)
- G Manual Tank Gauging (44 or 58 Hour)
- H Interstitial Monitoring (2 Walls)
- I Interstitial Monitoring (Liner)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None
- O Exempt (provide written comment)

### **15. PIPE RELEASE DETECTION**

- A Automatic Line Leak Detector (incl. test)
- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring
- E Groundwater Monitoring
- F Vapor Monitoring
- H None
- I Exempt (provide written comment)
- J Statistical Inventory Reconciliation
- K Electronic Line Leak Detector
- L Continuous interstitial monitoring with alarm or pump shut off

## UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Bexon Medical Date 7/25/00 Facility ID 39 - 37781

## IX. RELEASE DETECTION REFERENCE

Tank	Tank	Tank	Tank	Tank
<u>001</u>	_____	_____	_____	_____

**Instructions:** Check the box to indicate that criteria has been met.  
Circle the box to indicate that criteria has not been met.  
Circle with "N/A" when criteria is not applicable.

**Inventory Control: (Tank only - code A)**

DA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) capable of measuring to 1/8th inch
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) readings and dispenser readings each operating day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy in product (stick) readings
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	before/after delivery stick readings reconciled with delivery receipts
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	deliveries made through a drop tube
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dispenser meter calibrated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly check for water (1/8th inch accuracy)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly reconciliation (1% of volume pumped plus 130 gallons) performed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reconciliation records maintained for one year

### Precision Tightness Test: (Tank only - code B or C)

☐ ☐ ☐ ☐ ☐ documentation of annual or 5 year (new or fully upgraded system) tightness test available  
 12A ☐ ☐ ☐ ☐ ☐ performed by UTT certified installer (after 9/28/96)  
☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect .1 gph release is available  
 date of last test \_\_\_\_\_, result \_\_\_\_\_  
 method used (done within last 5 years) \_\_\_\_\_

**Statistical Inventory Reconciliation: (Tank code D, and/or piping code J)**

☒ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect .2 gph release is available  
☒ ☐ ☐ ☐ ☐ data is collected according to the test vendor's instructions  
☒ ☐ ☐ ☐ ☐ analysis completed monthly and results supplied to owner/operator  
☒ ☐ ☐ ☐ ☐ test vendor \_\_\_\_\_

### Automatic Tank Gauging: (Tank only - code E)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	valid monthly leak test conducted and documented
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
					date installed <u>3/30/99</u>
					ATG model <u>EBW Auto Stick JR</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records including dates of calibration, maintenance, and repair for the past year
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment is operational

**Manual Tank Gauging: (Tank only - code F (may require code B or C) or G)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed weekly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank capacity is 2,000 gallons or less
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy stick readings
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	average 2 stick readings before and after test
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test length appropriate for each tank
					<ul style="list-style-type: none"> <li>• 36 hours minimum</li> <li>• 44 hours, 551-1000 gallons, 64" diameter, no tightness test</li> <li>• 58 hours, 551-1000 gallons, 48" diameter, no tightness test</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	variation is within standard (both weekly and monthly)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation showing test date and results for last year of tests

# **UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION**

Facility Name B. Brand Medical Date 7/25/00 Facility ID 39-37781

## **IX. RELEASE DETECTION REFERENCE) (continued)**

Tank 21 Tank Tank Tank Tank

Instructions: Check the box to indicate that criteria has been met.  
Circle the box to indicate that criteria has not been met.  
Circle with "N/A" when criteria is not applicable.

### **Interstitial Monitoring: (Tank code H or I)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

interstitial area monitored monthly  
monitoring wells (secondary barrier) or ports are clearly marked and secured  
records of calibration, maintenance and repair of equipment for last year  
equipment manufacturer's performance claims are available  
secondary barrier is compatible with stored substance and impermeable

### **Groundwater Monitoring: (Tank code J, and/or piping code E)**

N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

regulated substance stored is immiscible in water and has a specific gravity <1  
groundwater is within 20 feet of surface grade and soil hydraulic conductivity is > .01 cm/sec  
casing is properly slotted and allows entry of product during high and low groundwater conditions  
wells are sealed from ground surface to the top of the filter pack  
site evaluation verifies the above information; wells are located according to site evaluation; attach evaluation cover page to inspection report.  
monitoring devices can detect 1/8 inch of product or less on water  
equipment manufacturer's performance claims are available  
monitoring wells are marked and secured  
wells monitored and results recorded monthly

### **Vapor Monitoring: (Tank code K, and/or piping code F)**

N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

stored substance is sufficiently volatile and backfill allows diffusion of vapors from releases  
the monitoring device is not rendered inoperative by groundwater, rainfall, or soil moisture  
background contamination will not interfere with vapor monitoring  
vapor monitors are designed and operated to detect increases in concentrations of stored substance  
site evaluation verifies above information; wells are located according to the site evaluation; attach evaluation cover page to inspection report.  
monitoring wells are marked and secured  
wells monitored and results recorded monthly  
records of calibration, maintenance, and repair of monitoring equipment for last year  
equipment manufacturer's performance claims are available

### **Record Review: (all methods)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

inspector reviewed last year (12 months) of leak detection documentation  
• records located at facility or readily available alternative site  
• includes test dates and results  
records indicate tank has not leaked  
records indicate piping has not leaked



# **UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION**

Facility Name B. Braun Medical Date 7/25/00 Facility ID 39-37781

## **IX. RELEASE DETECTION REFERENCE) (continued)**

Pipe 001    Pipe    Pipe    Pipe    Pipe

**Instructions:** Check the box to indicate that criteria has been met.  
Circle the box to indicate that criteria has not been met.  
Circle with "N/A" when criteria is not applicable.

### **Check Valve at the Dispenser: (SUCTION piping only - code I)**

**NOTE:** No further release detection required on piping meeting all these criteria.

WA ☐ ☐ ☐ ☐ ☐ the tank is lower than the dispenser  
☐ ☐ ☐ ☐ ☐ the below grade piping slopes uniformly back to the tank  
☐ ☐ ☐ ☐ ☐ there is only one check valve in the piping  
☐ ☐ ☐ ☐ ☐ the check valve is located close to or inside the suction pump  
☐ ☐ ☐ ☐ ☐ compliance with above specifications can be readily determined

### **Interstitial Monitoring: (Piping code D or L)**

WA ☐ ☐ ☐ ☐ ☐ interstitial area monitored monthly  
☐ ☐ ☐ ☐ ☐ monitoring wells or ports (when used) are clearly marked and secured  
☐ ☐ ☐ ☐ ☐ records of calibration, maintenance, and repair of equipment for last year  
☐ ☐ ☐ ☐ ☐ equipment manufacturer's performance claims are available  
☐ ☐ ☐ ☐ ☐ secondary barrier (pipe) is compatible with stored substance and impermeable  
☐ ☐ ☐ ☐ ☐ (Code L) continuous monitoring with acceptable alarm used as line leak detector  
☐ ☐ ☐ ☐ ☐ (gravity or pressurized piping) -- capable of detecting 3.0 gph release within 1 hour

### **Piping Tightness Testing: (Piping only - code B or C)**

☐ ☐ ☐ ☐ ☐ test conducted at proper frequency  
☐ ☐ ☐ ☐ ☐ • conducted annually for pressurized piping without monthly monitoring  
☐ ☐ ☐ ☐ ☐ • conducted every 3 years for suction piping not meeting Code I  
☐ ☐ ☐ ☐ ☐ date of last test \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect .1 gph release is available  
☐ ☐ ☐ ☐ ☐ method used (done within last 5 years) \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ if test device permanently installed, records of calibration, maintenance and repair for last year

### **Automatic (mechanical) Line Leak Detector: (PRESSURIZED piping only - code A)**

WA ☐ ☐ ☐ ☐ ☐ annual operational test of leak detector according to manufacturer's instructions  
☐ ☐ ☐ ☐ ☐ date tested \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available  
☐ ☐ ☐ ☐ ☐ date installed \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ records of calibration, maintenance and repair for last year (in addition to annual test)

### **Electronic Line Leak Detection: (Pressurized Piping only - code K)**

WA ☐ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available date installed \_\_\_\_\_  
☐ ☐ ☐ ☐ ☐ records of calibration, maintenance and repair available for the last year  
☐ ☐ ☐ ☐ ☐ shut off pump, audible alarm, visual alarm, or restrict product flow  
☐ ☐ ☐ ☐ ☐ continuously monitors piping

Does the electronic leak detector also perform "monthly" monitoring function? ☒ Yes, ☐ No If yes:

☒ ☐ ☐ ☐ ☐ manufacturer's certification of ability to detect .2 gph release is available  
☒ ☐ ☐ ☐ ☐ documentation of monthly test available for last year

# **UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION**

Facility Name B. Bosaw Medical Date 7/25/ Facility ID 39 - 37781

Tank and Pipe    Tank and Pipe    Tank and Pipe    Tank and Pipe    Tank and Pipe

Instructions: Check the box to indicate that criteria has been met.  
Circle the box to indicate that criteria has not been met.  
Circle with "N/A" when criteria is not applicable.

## **X. CORROSION PROTECTION COMPLIANCE CRITERIA**

### **Lined Tanks: (Tank only - code I)**

NA ☐ ☐ ☐ ☐ ☐

tank inspected and lined according to national standard  
date lined \_\_\_\_\_

tank inspected 10 years after lining, 15 years after lining and every 5 years after that  
date(s) inspected \_\_\_\_\_

### **Galvanic Cathodic Protection: (Tank code B or O, and/or Piping (may include code B))**

NA ☐ ☐ ☐ ☐ ☐

structure to soil potential greater than .85 volts, or

meets other nationally recognized protection standard: specify \_\_\_\_\_

documentation of last two monitoring results

date(s) measured \_\_\_\_\_

- monitoring conducted within six months of installation
- monitoring conducted every three years (single wall tank and piping)
- monitoring conducted within 6 months of repair

### **Impressed Current Cathodic Protection (Tank code C or P, and/or Piping (may include code B))**

NA ☐ ☐ ☐ ☐ ☐

structure to soil potential greater than .85 volts, or

meets other nationally recognized protection standard: specify \_\_\_\_\_

documentation of last two monitoring results

date(s) measured \_\_\_\_\_

- monitoring conducted within six months of installation
- monitoring conducted every three years
- monitoring conducted within 6 months of repair

documentation of last three volt and amp readings available

- volt and amp readings recorded every 60 days (within design limits)

system designed by a corrosion expert

### **If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:**

NA ☐ ☐ ☐ ☐ ☐

tank was internally inspected and found to be structurally sound and free of corrosion holes

☐ ☐ ☐ ☐ ☐

the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for leak detection

☐ ☐ ☐ ☐ ☐

the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection

☐ ☐ ☐ ☐ ☐

the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94 or G158. Includes tightness tests prior to and between 3 and 6 months following the installation of the cathodic protection.

- cathodic protection installed within 6 months of assessment

Date assessed \_\_\_\_\_

Date installed \_\_\_\_\_

## **XI. 1998 REQUIREMENTS**

List system upgrades necessary to continue operating after 12/22/98:

NA

UNDERGROUND STORAGE TANK FACILITY  
OPERATIONS INSPECTIONFacility Name B Braun Medical Date 7/25/00 Facility ID 39 - 37781

XII. COMMENTS—Suspected contamination, improperly closed tanks, "other" types of construction, tank system modifications (with date), estimated installation date when actual date is unknown, leak detection exemptions, owner/operator actions needed, changes at site since initial inspection, and other information that would be helpful to the owner, operator or Department when reviewing the inspection.

Reference section and tank number for each comment

- ① Substance stored is mostly water with small amount of Ethylene Glycol
- ② Pipe Construction (code 99) PVC Piping
- ③ Leak Detection By continuous monitoring By ATG Probe & Interstitial Sensor
- ④ Piping to Tank does not Penetrate Held Product. Please See Attach Letter Regarding Piping
- ⑤ Overfill is an Electronic Alarm, which is part of the EBU System
- ⑥ Piping from floor drains to Holding Tank is not monitored, this piping is for drainage from process area. All floor drains in sterilization area are all connected to UST to segregate from Sanitary and Storm Sewers.

**B|BRAUN**

B. Braun Medical Inc.  
901 Marcon Blvd.  
Allentown, PA 18103

Telephone: (610) 266-0500  
Fax: (610) 266-6277

June 1, 2000

COPY

Mr. Patrick J. Musinski  
Department of Environmental Protection  
Storage Tank Section  
Northeast Regional Office  
2 Public Square  
Wilkes-Barre, PA 18711-0790

Dear Mr. Musinski,

This letter is to follow-up on our conversation on Thursday, June 01, 2000 regarding the exemption of the piping leading to the underground storage tank. The piping system, which drains to the underground storage tank, only acts as a remote fill pipe and do not normally hold product. This tank is used for over flow of the deoxx unit and emergency purposes only.

In regards to the above ground tank on our Chemrox Deoxx Scrubber System, the tank is part of the process flow. Liquid is transferred from this tank to one of two towers which removes the Ethylene Oxide from the air and entrains it within acidic water. It then proceeds through 2200' of 4" hose to aid in the mixing of the solution. The resultants (Acidic Water & Ethylene Glycol) are then returned back to the tank and reused. This results in a 50 GPM flow into and out of the tank simultaneously.

It is B. Braun's policy to comply with all pertinent Environmental Laws & Regulations, if you have any questions or need further assistance in resolving this issue, please do not hesitate to call upon us at anytime.

Sincerely,



Lisa Millington  
Environmental Health & Safety Supervisor

LM: lm

d:\lettersfile\dep600.doc